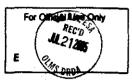
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U-

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 100g Through: 1 / 3 / 2004
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name MICKEY L CROWE	Name U.S.W.A LOCAL 156U
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 3609 Steeplechase LA APT LA	Street 7908 Cinti. Dayton Rd.
Cay Léveland	City West Chester
State ONIO ZIP Code + 4 45140	State OH to ZIP Code +4 45069
Position in labor organization.	
	7.a. Nature of interest, Transaction, or Income.
 Held an interest in, engaged in transactions (including loans) with, or conetery value from an employer whose employees your organization. 	derived income or other economic benefit of on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.8. Nature of Interest, Transaction, of Income.
Name	
rade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	7.b. Amount.
ay .	
tate ZIP Code +4	•
Signe	iture
15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanyir undersigned's knowledge applificier, true, correct, and complete. (See the sect	ng documents), has been examined by the signatory and is, to the best of the
Signed //www.	On 7-14-05
	Date Telephone Number
m LM-30 (2003)	Page 1 of 2